



PATIENT	PRESENTING CLINICAL SIGNS
Caspian Haugen	Acute pain and anorexia Currently on gabapentin
SPECIES	Abnormal PE/Chem/CBC/UA Results: Labwork WNL Radiographs - mass effect in abdomen
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Pitbull Mix	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited overtly normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
SEX	The area of the residual prostate was free of pathology.
MN	Several to multiple, variably sized to swollen, nonhomogeneous, focally cystic medial iliac to sublumbar lymph nodes were noted adjacent to the iliac trifurcation and slightly dorsal to the urinary bladder. An example measured 3.5 cm x 2.8 cm. The lymph nodes exhibited borderline to abnormal width: length ratio (≥ 0.5).
AGE	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.8 cm in length. The right kidney measured 7.9 cm in length.
9 years, 9 months	Adrenal Glands
WEIGHT	The left adrenal gland was not definitively visualized owing to increased periadrenal omental artifact and unspecified retroperitoneal mass. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland subjectively measured 3.1 cm length x 0.64 cm width at the caudal pole.
73 lbs	Spleen
INTERPRETED BY	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, primarily small, well-demarcated, hyperechoic nodules were present primarily in the medial parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or benign myelolipomas. No evidence of splenic neoplastic criteria was noted.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver/ Gallbladder
IMAGING PERFORMED BY	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Amanda Lacey-Crook - SDEP Certified	
HOSPITAL NAME	
Rivers Edge PMC	
REFERRING VET	
Dr. David Gray	
INVOICE	
16780	
DATE	
5/9/23	



PATIENT

Gastrointestinal

Caspian Haugen

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

BREED

Pitbull Mix

Normal visible colon wall layers were present with apparent formed feces in lumen.

SEX

MN

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

AGE

9 years, 9 months

Free Abdomen

No evidence of omental masses, overtly lymphadenopathy, or evidence of peritoneal effusion were noted.

WEIGHT

73 lbs

An unspecified, nonhomogeneous retroperitoneal mass was noted primarily around the left kidney extending caudally in the left retroperitoneal space. The mass measured potentially 8.0-9.0 cm in diameter. Associated variably hyperechoic retroperitoneal echogenicity and concurrent mild retroperitoneal free fluid were noted around both the left and right kidneys.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

ULTRASONOGRAPHIC FINDINGS

- Unspecified nonhomogeneous retroperitoneal mass with associated retroperitonitis
- Nonhomogeneous variably enlarged focally cystic medial iliac / sublumbar lymphadenopathy
- Mild chronic renal changes
- Benign splenic nodules - sonographically consistent with benign myelolipomas

IMAGING

PERFORMED BY

Amanda Lacey-
Crook - SDEP
Certified

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although nonspecific with sampling required for further assessment, the unspecified retroperitoneal mass with associated retroperitonitis suggestive primarily of neoplastic criteria such as unspecified sarcoma or other. Potential for nonneoplastic etiology i.e., inflammatory infectious disease or other is possible yet thought less likely. Under sedation or analgesia, FNA cytology of the retroperitoneal mass +/- retroperitoneal fluid cytology and C/S if evidence of inflammatory component could be considered. Potential origin or involvement from the left kidney or left adrenal gland could be possible although not definitive.

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Given this presentation, +/- pending additional diagnostics, abdominal CT could be considered for further clarification, assuming no evidence of pathology on three view chest radiographs. An extremely guarded prognosis is indicated.



PATIENT

Caspian Haugen

SPECIES

Canine

BREED

Pitbull Mix

SEX

MN

AGE

9 years, 9 months

WEIGHT

73 lbs

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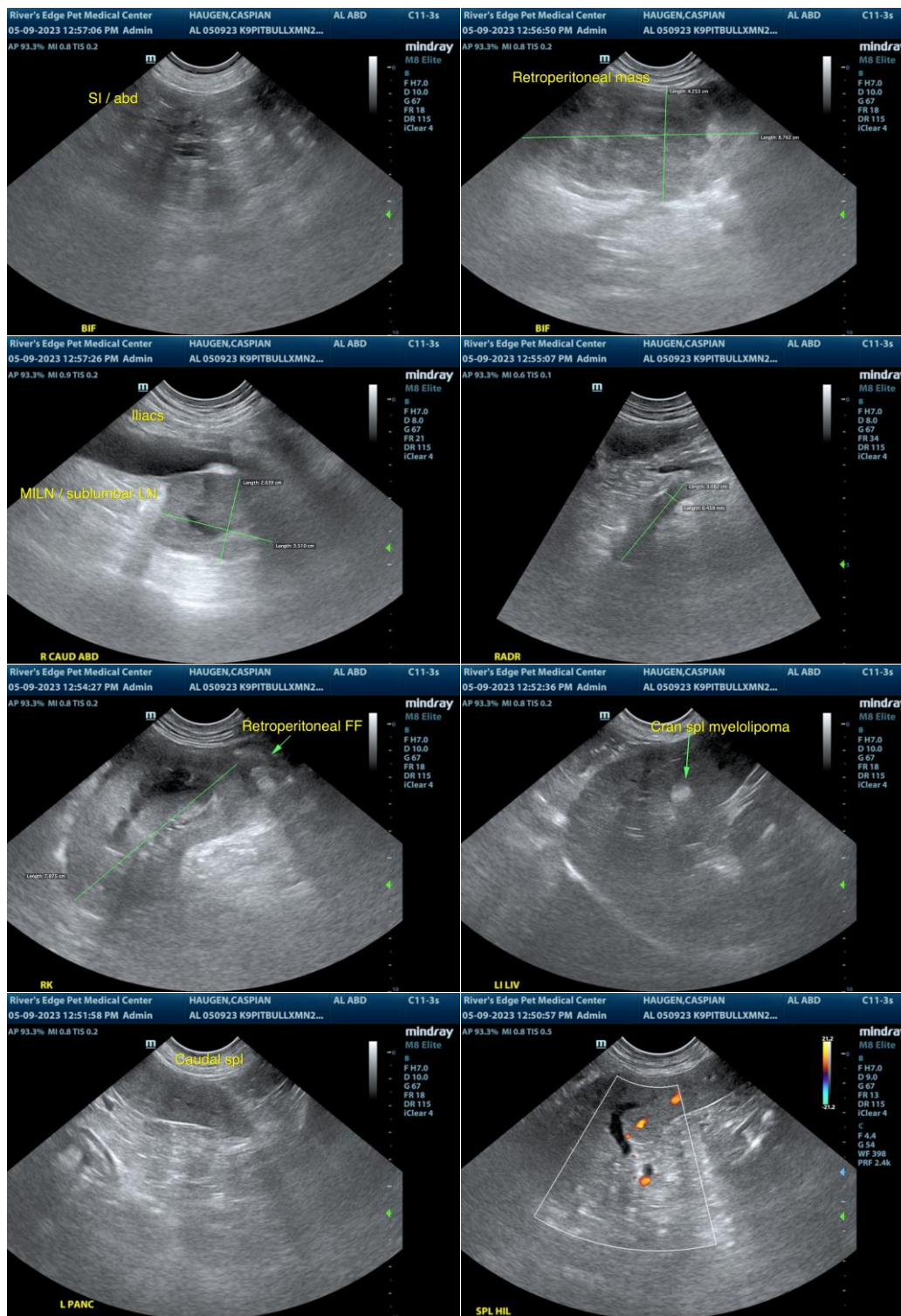
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SPECIES

Canine

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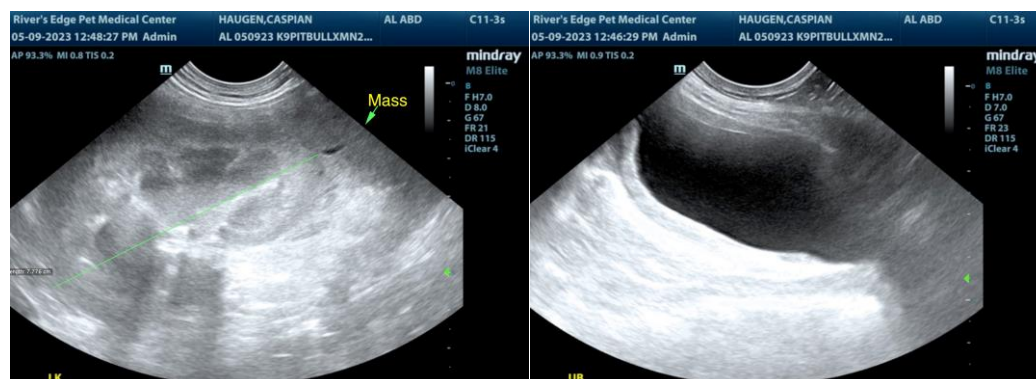
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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